

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



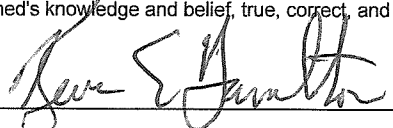
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4460	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Kevin E Hamilton P.O. Box, Bldg., Room No., if any Street 277 Madison Avenue City Wood River State Illinois ZIP Code +4 62095-2009	4. Name, file number, and address of labor organization. Name Carpenter's District Council Greater St Louis Labor Organization File Number 002637 P.O. Box, Building and Room Number, if any Street 1401 Hampton Avenue City St. Louis State Missouri ZIP Code +4 63139-3199
5. Position in labor organization. Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name ConocoPhillips Company/ Wood River Refinery Trade Name, if any: P.O. Box, Bldg., Room No., if any P O Box 76 Street 900 South Central Avenue City Roxana State Illinois ZIP Code +4 62084	7.a. Nature of Interest, Transaction, or Income. Dinner/11-15-2004 7.b. Amount. \$40

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 07/07/2005	618-251-5177
	Date	Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <u>UNDER \$1,000</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Marco Conference Palm Springs Educational Seminar/1-30-2004 thru 2-5-2004 Expense Reimbursement</p>
	<p>12.b. Amount. \$1,618</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Becker, Galanti & Schroeder P C</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 488</p> <p>Street 3673 Highway 111</p> <p>City Granite City</p> <p>State Illinois ZIP Code + 4 62040-6613</p>	<p>14.a. Nature of payment.</p> <p>Christmas Gift/Frozen Steaks Received 12/22/2004</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment. \$48</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch/Inglenook Pantry/Trustee Meeting/1-21-2004</p> <p>12.b. Amount. \$40</p>

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8. Name and address of Business (including trade name, if any).

Name Carpenters Pension Fund of Illinois

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O Box 791

Street 28 N First Street

City Geneva

State Illinois ZIP Code + 4 60134-0791

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Taft Hartley Trust Fund/Pension Plan

11.b. Approximate dollar value of such dealing. *UNCERTAIN*

12.a. Nature of interest held or income received.

Trustee Meeting/Geneva, IL/1-21-2004
Expense Reimbursement

12.b. Amount.

\$402

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, IL/4-20-2004</p> <p>Expense Reimbursement</p>
<p>12.b. Amount.</p>	<p>\$390</p>

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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, IL/5-19-2004</p> <p>Expense Reimbursement</p> <hr/> <p>12.b. Amount. \$468</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, Il/7-01-2004</p> <p>Expense Reimbursement</p> <p>12.b. Amount. \$317</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch/Trustee Meeting/7-21-2004</p> <p>12.b. Amount. \$40</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, IL/7-21-2004</p> <p>Expense Reimbursement</p> <p>12.b. Amount. \$458</p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, IL/8-18-2004</p> <p>Expense Reimbursement</p>
<p>12.b. Amount. \$406</p>	

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNDETERMINED</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch Trustee Meeting/10-20-2004</p> <p>12.b. Amount. \$40</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, IL/10-20-2004</p> <p>Expense Reimbursement</p>
<p>12.b. Amount. \$489</p>	

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Conference Registration Fee</p> <p>Marco Consulting Client Conference</p> <p>1-30-2004 thru 2-5-2004</p> <p>12.b. Amount. \$1,095</p>

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	<p>11.b. Approximate dollar value of such dealing. <i>UNDETERMINED</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Meeting/Geneva, IL/11-17-2004</p> <p>Expense Reimbursement</p>
<p>12.b. Amount. \$541</p>	

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ariel Capital Management, LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2900</p> <p>Street 200 East Randolph Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601-6438</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Baum Sigman Auerbach & Neuman, LTD.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2200</p> <p>Street 200 West Adams Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606-5231</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>11.a. Nature of such dealing. Attorneys for Fund</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p> <hr/> <p>12.a. Nature of interest held or income received. Lunch at Seminar/10-19-2004</p> <hr/> <p>12.b. Amount. \$25</p>

Name of Person Filing Kevin Hamilton	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Lunch/Trustee Meeting 5-19-2004</p> <hr/> <p>12.b. Amount. \$13</p>

Name of Person Filing Kevin Hamilton	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <u>UNCERTAIN</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch/Trustee Meeting 7-1-2004</p>
<p>12.b. Amount. \$11</p>	

Name of Person Filing Kevin Hamilton	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>UNLSTAIN</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch/Trustee Meeting 8-18-2004</p>
<p>12.b. Amount. \$17</p>	

Name of Person Filing Kevin Hamilton	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft Hartley Trust Fund/Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing. <i>uncertain</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch/Trustee Meeting 11-17-2004</p> <p>12.b. Amount. \$18</p>

Name of Person Filing Kevin Hamilton	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Marco Consulting Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 550 West Washington Blvd.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60661-2501</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 791</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0791</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Consultant for Fund</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>UNCERTAIN</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>My 21 year old son worked as an intern for Marco during the summer between his junior and senior year of studies at the University of Illinois.</p> <hr/> <p>12.b. Amount. \$3,802</p>